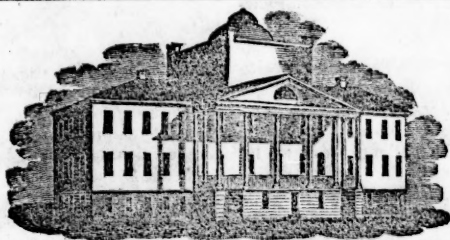


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I.

Nature and Treatment of Erysipelas.

Concluded from page 518.

Causes.—These are the same which produce other inflammation. They are external or internal; local or general. It may be disorder of the digestive organs, or slight local injury of the skin. On external irritants Mr. L. has the following.

“Thus it (*primary erysipelas*) is caused by external irritants of all kinds; by heat or cold, by blisters, issues, setons, caustics, or other acrid matters applied to the skin; by wounds, punctures, bruises, surgical operations, and all kinds of injury (*traumatic E.*). The mechanical or chemical irritation of wounds, ulcers, or other local diseases, will cause it.

“Neglect of previous preparation, inattention to diet, injudicious modes of dressing, continued exercise of the affected part, and an imprudent degree of general

exertion, are frequent causes of erysipelas after operations and wounds, and in the course of ulcers and other local affections. When these several points are properly attended to, we shall not be much troubled with traumatic and hospital erysipelas.

“Irritating plasters, a heating load of dressings, and tight bandaging, are common causes of erysipelas, whether in the case of wounds or operations. Light applications and keeping the part cool, are simple but effectual preventives. The most frequent source, however, of this affection, after accidents or operations, is improper diet, that is, indulgence in animal food, or fermented liquors; and the surgeon is, in many cases, more to blame than the patient. He frequently does not enforce the necessary precautions and restrictions, and often appears as anxious, under the absurd fear of debility, that the use of meat, wine, and beer should be renewed, as the patient or friends usu-

ally are. During the confinement consequent on a wound or operation, these articles should be prohibited; that should be the general rule, to which exceptions may be allowed under particular circumstances."

Treatment.—The most opposite modes have been tried, and, according to those who have employed them, with equal success. Three principal methods may be enumerated: the antiphlogistic, the earliest; the tonic and stimulating, the more modern; and a treatment between the two, or modified by the various circumstances of cases.

"As this affection resembles other inflammations in its causes, symptoms, and effects, so it must be treated on the same principles; that is, on the antiphlogistic plan. Venesection, local bleeding, purging, and low diet, are the first measures, to which saline and diaphoretic medicines may be afterwards added. The earlier these means are employed the better: vigorous treatment in the beginning will often cut the attack short, and prevent the disease from spreading beyond its original seat. As the skin and cellular membrane are of secondary importance, it is not so urgently necessary to arrest inflammation in them, as in the vital organs; neither does the same reason for very active treatment exist as in affection of the eye, where a slight change of structure may seriously impair the utility of an organ essential to our comfort and pleasure: but the extensive suppuration and mortification, which erysipelas sometimes produces, may render a limb in great measure or

totally useless, or may even destroy life.

"The disposition of erysipelas to terminate by resolution is another reason against resorting indiscriminately to active depletion. In many cases the disease passes through a certain course and ends spontaneously: it is sufficient to put the patient on low diet, to clear the alimentary canal, and then to use mild aperients and diaphoretics. When it proceeds, as it often does, from unhealthy conditions of the alimentary canal, the removal of the internal disorder leads to the cessation of the local complaint. It must however be observed, that venesection is sometimes useful, both in curing the internal cause of erysipelas and in promoting the termination by resolution.

"It will appear from the foregoing remarks, that in contending for the inflammatory nature of erysipelas, and for the propriety of treating it antiphlogistically, I do not mean to recommend that measures equally active, and, in particular, that bleeding whether general or local, are to be employed in all cases. In young persons, in the robust and those of full habit, in instances where the pulse is full and strong, or when there is head-ach and white tongue, erysipelas of the head attended with symptoms denoting affection of the sensorium, and more especially in the very beginning of the affection, venesection will be proper, and it may be necessary to bleed largely, to repeat the evacuation, or to follow venesection by local abstraction of blood. Under such circumstances, the other parts of the antiphlogistic plan must be also employed, that is, the alimentary canal should be cleared by an

active purgative, which may be followed by salines and antimonials, with the occasional use of milder aperients; and low diet should be enjoined. Nothing can be more different from such a case, than that of an elderly person with a small and feeble pulse, in the advanced stage of the disease. The interval between these extremities is filled by numerous gradations requiring corresponding modifications of treatment. The antiphlogistic plan itself embraces a wide range in point of degree; from bloodletting, local and general, with purging, vomiting, the free use of mercury and antimony, and low diet, to the exhibition of a mild aperient, with some saline medicine. The treatment of erysipelas, like that of any other inflammation, must be modified according to the age, constitution, previous health and habits of the patient and the period of the complaint. In asserting generally that the antiphlogistic treatment is proper, I speak of the beginning of the disease, when the original and proper character of the affection is apparent; and I am decidedly of opinion that, in some shape or degree, such treatment will always be beneficial in that stage. In many instances active antiphlogistic measures are of the greatest service in lessening the severity both of the local and general symptoms. In others the administration of calomel with aperients, and of diaphoretics with low diet, will be sufficient. When the affection occurs in old and debilitated subjects, the powers of life are seriously impaired, and our efforts must be directed rather towards supporting them, than combating the local affection. I have often seen such patients

laboring under erysipelas of the face in its advanced stage, with rapid and feeble pulse, dry and brown tongue, recovered, under circumstances apparently desperate, by the free use of bark and wine.

"The cases of erysipelas, which I have seen in young persons, have almost all proceeded from external causes, and required antiphlogistic treatment. The tonic and stimulating plan has been injurious to such patients under all circumstances.

"Local bleeding is sufficient in the milder cases of erysipelas, and is often necessary in the more severe ones, as an auxiliary measure. It may be accomplished either by cupping or leeches. The former, where practicable, is the most efficacious: a great objection to it arises from the painful state of the inflamed skin. Although leeches, when applied to the sound skin of some individuals, produce an effect analogous to erysipelas, they exert no similar influence over the inflamed skin, to which they may be applied freely and safely. The apprehensions expressed by Willan, Thomson and others, are groundless. In order to produce any decided benefit, they must be applied in large numbers. Respecting the plan of taking blood from the part by small punctures with a lancet, which has been used extensively with so much success by Dr. Dobson, I refer to his own observations, printed in the present volume."

Local applications are principally useful for relieving present suffering. For this purpose cold applications are employed before the inflammation is fully deve-

loped, and afterwards warm. The fomentations should be used for hours together, and white bread and water poultices in the intervals. A lotion of subcarbonate of ammonia and superacetate of lead, of each a drachm, and rose water a pint, has been recommended. On the authority of Baron Dupuytren, blisters to the inflamed surface, employed in France, are much recommended. The writer of this abstract of Mr. Lawrence's paper distinctly recollects that nearly twenty years ago, Dr. Rush applied them in erysipelas in the Pennsylvania Hospital, and recommended them in his lectures. The cases in which Dr. Rush used them were those which threatened gangrene, or in which this had already occurred. The following is said to have been taken from Baron D.'s clinical lectures.

"If the skin be red, tense, dry and hot, with fever (*éréthisme général*)—if the tongue be dry and red, a blister or an emetic would do harm—bleedings and leeches are proper. In a bilious constitution, with the tongue covered by a yellow mucous coat, and bitter taste in the mouth, with pains in the head and bilious evacuations, an emeto-cathartic, or the tartrate of antimony in a large quantity of fluid is indicated. When the tongue is moist and slightly red, the skin moderately tense and hot,—when there is local inflammation with little general reaction, the erysipelatous phlegmon should be brought to a crisis by suppuration, excited externally, by one or more blisters. If the local inflammation have a languid atonic character without symptoms of sanguineous or bilious

plethora, if in short the state of debility be well marked, which will happen particularly in old subjects, we must immediately resort to tonics."

"I have tried this treatment," says Mr. Lawrence, "three or four times in simple erysipelas of the extremities, applying the blister on the boundary of the inflamed and sound parts, so as to cover an equal portion of each. The inflammation stopped in these instances; but, as other means were employed at the same time, I could not determine how much of the benefit was due to the blister, which, however, did not cause suppuration nor any other unpleasant effect."

"I perfectly recollect," says Mr. Hutchinson, "one instance, which was in the person of an intelligent surgeon in London, where a blister was applied completely round the arm, so as to encircle it some little distance above the described line of demarcation, that stopped, or seemed to stop, the progress of the disease; for the inflammation did not extend above the blister, and the patient recovered."

Treatment of Phlegmonous Erysipelas.—In its earliest stages, venesection; leeches to the inflamed part; laxatives: calomel and saline medicines are recommended. Leeches are preferred to venesection, particularly where the fever is not very urgent. The most powerful means of arresting the disease are incisions through the textures which are the seats of the disease. The relief of the symptoms is rapid, and in twenty-four hours the redness usually disappears. The beginning of the disease is the best time for the

incisions; but when matter and sloughs are formed they allow of a ready discharge, and tend to check the progress of the inflammation.

"To preclude the possibility of misconception on a practical point of so much importance, I beg to observe that I do not advise incisions in erysipelas generally, but confine their employment to cases of the phlegmonous kind. We cannot however determine our treatment merely by reference to the name of the affection. Diseases appear quite distinct in nosologies, but we find them shaded off and so blended in nature, that it is frequently very difficult to mark out their boundaries. The presence or absence of inflammation of the cellular texture will not afford the criterion we are in search of on this occasion; indeed the difference between simple and phlegmonous erysipelas is rather in the degree than in the seat of the affection. Simple erysipelas seldom takes place without some inflammation of the cellular membrane. We may trust to the antiphlogistic treatment already described in doubtful cases, in the milder instances of phlegmonous erysipelas, and in the very early period of the more severe ones. It is important, however, to decide the point quickly, and to make the incisions without delay where we judge them necessary, as they stop the progress of the disorder, and prevent the occurrence of suppuration and sloughing."

In phlegmonous erysipelas which has occurred in Fever Hospitals, incisions have been singularly useful. The same is remarked of their efficacy in some cases of

that form of the disease which has followed wounds received during dissection; and in erysipelas of the face in which the eyelids are the seats of severe inflammation, the same practice has been useful. So has it been in that form of the disease of the scalp, in which the cellular tissue under the aponeurosis is inflamed, and in which the destructive process goes on rapidly. "The limbs, especially the lower, are the most frequent seat of the affection, which is at least very uncommon in the trunk. After the incisions have been made, the part may be covered with warm fomentation cloths until the bleeding has ceased, when a warm bread poultice may be applied. If discharge does not soon take place from the wound, it should be dressed, under the poultice, with lint thickly spread with the yellow basilicon ointment, or with some other stimulant." In the following extracts the effects of incisions are detailed, a case is given in which they were employed, and the manner in which, according to Mr. L., they should be made. Mr. Earle, in a recent Journal, has made a correction of Mr. L.'s remark "that he, Mr. E., had had no experience of the practice."

"The incisions, when made during the existence of active inflammation, are followed by profuse bleeding both from arteries and veins, which probably has an important share in arresting the inflammatory disturbance. The benefit however cannot be wholly ascribed to this cause, for it takes place even when the loss of blood is much less; and it is so immediate, that we cannot refer it to the

suppurative process which afterwards occurs in the surface of the wound. The relief has been ascribed to the removal of that tension which always exists in a greater or less degree; we observe, indeed, that the edges of the wound usually gape asunder, and that the surrounding skin not only loses its deep red color, but soon becomes wrinkled on the surface; two changes which sufficiently explain the great and sudden benefit usually produced by the incisions. The circumstance of the blood being directly taken from the inflamed part may account for its having an effect in lessening the inflammation, which would not be produced by taking a much larger quantity from the arm; and it will probably explain another fact, viz. that a very considerable bleeding in this way is not only safe but advantageous, when the circulation is so much reduced that general bleeding would be altogether inadmissible. This will be seen in some of the cases annexed to this paper; and it was remarkably exemplified in a patient whom I saw with Mr. Earle, by whom the details of the case have been already published. This patient, who had pricked his finger in opening a body, was taken ill in the house of his father, an experienced and judicious practitioner, and was attended throughout by his brother, also in the profession, and by two very sensible and well-informed professional friends. Pain came on in the finger during the night after the accident, and the first phalanx had lost its vitality in the course of the next day. In spite of leeches, venesection, aperients, opiates, antimonials, &c. &c. inflammation spread from the finger to

the shoulder with the most excruciating pain and the worst constitutional symptoms, such as entire want of sleep, delirium, brown tongue, altered countenance. On the sixth day Mr. Earle had informed me of this gentleman's danger, and that he did not expect him to recover. On the eighth day he said that he was much worse, and he requested that I would see him, not with the expectation that any thing could be done, but as a satisfaction to the friends, and some diminution of his own responsibility. The situation of the patient certainly justified the apprehensions thus expressed. The limb was greatly swollen, tense, bright red, and acutely painful from the hand to the shoulder; the pulse rapid and small, the countenance anxious and haggard. The treatment by incisions, or leaving the patient to certain death, seemed to me the only alternative that the case presented; and Mr. Earle readily acceded to my proposal of the former, although he said that he had had no experience of the practice. Three incisions were accordingly made; one in the arm, and two in the fore-arm. The limb having been laid in a folded sheet, was covered over by the bed-clothes, when, after some time, the patient was observed to become faint. It was now found that he had lost an enormous quantity of blood, and that a small artery required the ligature. The blood was carefully collected in a wash-basin, and was estimated by the father at three pounds and a half; he feels certain that it exceeded three pounds. Before the incisions were made he had given up all hopes of his son's recovery; so complete and sudden was the re-

lief they afforded, that in six hours after, he had discarded all ideas of danger. The cure indeed, proceeded from this time uninterruptedly, and I believe that the motions of the hands and fingers were perfectly restored. The patient, his father, and brother, Mr. Earle, and the immediately attendant professional friends, are all convinced that he owes the preservation of his life entirely to the incisions. Mr Wardrop saw the case a few days after they had been made.

"As the free bleeding from the incisions is often of great advantage in relieving the overloaded vessels, and arresting the inflammation, it need not be checked so long as the pulse is unaffected by the loss of blood. But the great extent to which the hemorrhage may proceed renders it necessary that we should act very cautiously, especially in elderly persons, or in those whose strength is already impaired by the disease or previous treatment. The patient should be closely watched by the surgeon in such cases, until the bleeding has ceased. Should it become necessary to stop the further loss of blood, this may be readily accomplished by tying any bleeding vessels, by placing the limb in an elevated position, or by pressure. Four cases are all the instances that have come to my knowledge of unfavorable termination where incisions had been employed.

"Although this practice has been probably adopted heretofore, being incidentally alluded to by O'Halloran and Pott, and more directly mentioned by Vogel, we are indebted for its recent introduction into this country to Mr.

Copland Hutchinson, who strongly recommended it in a paper written expressly on the subject, first published in the fifth volume of the Transactions of this Society, and subsequently re-published, in a somewhat enlarged form, in his 'Practical Observations in Surgery.' In the latter work he says, 'These incisions may be made about an inch and a half in length, from two to four inches apart, and varied in number from four to eighteen, according to the extent of surface the disease is found to occupy.' Since this multiplicity of cuts must be painful or alarming, it is important to know, as I have found by repeated experience, that a single incision carried through the middle of the inflamed part, in a direction parallel to the long axis of the limb, is quite sufficient. I have seen severe phlegmonous erysipelas of the entire leg and thigh, when the aspect of the limb from enormous swelling, general redness, and vesication, was really appalling, suspended in the most decisive manner by a single incision along the middle of the calf. Mr. Guthrie has found that one or two long incisions accomplish every useful purpose, and has therefore adopted that plan. As the numerous short cuts, or the single longer incision, will equally answer the end, the selection may be left in each case to the patient or the surgeon. The incision should divide the skin and the cellular texture down to the fascia; it is not necessary to penetrate the latter. A double-edged bistoury is the most convenient instrument for the purpose."

II.

Extract from a Letter from Dr. N. Niles to the Editors.

Paris, July 27, 1828.

DR. VERDIER, of this city, has introduced a method of treating certain descriptions of hernia, by the Cold Douche, which promises to be of great utility.

The apparatus consists of a hose, leading from a reservoir of water of about 27 feet elevation, furnished with a stop-cock. The end of the hose is provided with a metallic or wooden tube, by means of which the direction of the water can be varied at the pleasure of the operator. The patient is stripped and placed upon a pedestal, like a statue, holding a sort of shield in his hand, to prevent the water from falling upon the chest and upper parts of the body. The operator stands by the side of the hose, near the stop-cock, and, by means of a conductor, gives the tube through which the water is to pass the proper direction, and then lets off the water by turning the cock. The water issues with a force equal to the pressure of a column 27 feet high, but before it reaches the patient it describes the section of an arch, larger or smaller, according to the distance the patient may be placed from the orifice. By varying this distance the operator can vary the force with which the water falls on the part.

Another way of accomplishing this object consists in diminishing the quantum of water thrown out in any given time by means of the stop-cock. This method of treatment seems adapted to several kinds of hernia.

First. Recent hernias, easily reduced, but which are liable to

descend from weakness and flaccidity of the parts.

Second. Recent hernias, not reducible by taxis, and in which no inflammation or adhesions are presumed to have taken place.

Third. Chronic hernias, which are kept up with difficulty by means of a truss. The application of a stream of cold water, large enough to cover the tumor, acts as a continued repressive, more effectually than any other means yet devised.

While the contents of the hernia are thus emptied, and the gut or omentum repelled within the abdomen, the douche acts as a powerful stimulant to all the tissues covering the tumor. During the operation, which usually lasts from fifteen to twenty minutes, the small vessels of the skin are in great activity and there is consequently an increased afflux of vital energies to the skin, cellular tissue and membranous fibres which sustain the protruded viscera, although the force of the current of water probably has no other effect on the hernia itself than a repressive agent.

Two objects are therefore obtained by the douche :—1st, the gradual repulsion of hernia not otherwise reducible ;—2d, the restoring to the enveloping tissues a greater degree of strength than can be given them in any other way.

The *modus operandi* of the douche, as a remedy, and the apparatus, being well understood, the class of cases to which this method is applicable will be clearly indicated.

The treatment is continued from day to day for twenty, twenty-five, or thirty days. I have witnessed the use of this agent on

several occasions, within the last two years, within which time Dr. Verrier has cured or essentially benefited a great number of patients.

No account has yet been published of his mode of treating this formidable and numerous class of diseases; the doctor tells me, however, that he is now preparing a memoir on the subject. Unless the patients are very young, it is not to be expected that the cure will ever be so perfect as to render the use of a truss unimportant as a preventive means against a recurrence of the accident.

An apparatus for this mode of treating hernia might easily be connected with the reservoir of water in the roof of the Boston Hospital.*

III.

SELECTIONS FROM FOREIGN JOURNALS.

Hydatids in the Female Breast resembling a Scirrhus Tumor.

A ROBUST young female, twenty-five years of age, complained of pains in the left breast, which at first had been confined to one point, but had subsequently extended, and become intensely severe. A hard tumor, of a shining appearance, about the size of a hen's egg, was found in the part. It was divided into several lobes,

* The Hospital has been provided with an apparatus such as described, for the last three years. It has been used for surgical and medical purposes, though not for the disorder described above.

We take this opportunity to state that Dr. Niles, a physician formerly of Boston, now established in Paris, will undertake to select books for individuals and societies on terms highly favorable, and we can recommend this as the most convenient and safe mode of procuring them.

and resembled a deep-seated scirrhus. The precise nature of it, however, could hardly be determined, from the immense size of the breast. Various means were ineffectually tried to discuss the swelling, and, as the sufferings of the patient were intolerable, an operation was determined upon. The mammary gland was perfectly healthy, but beneath the pectoral muscle a cavity was discovered, filled with round bodies as white as snow. They were found to be hydatids; three of which were about the size of a nut, and seven much smaller. Most of them escaped freely through the wound. They were of a spherical form, and covered with a shining solid membrane of a white color. The parietes of the cavity in which they had been contained were smooth, and resembled a serous membrane. To promote adhesive inflammation, lint was introduced into the wound. For a long time an ichorous fluid was discharged, and stimulating injections of nitric acid and mercury were found necessary to produce adhesion of the parts. The patient was cured in about two months from the operation.—*Clinique des Hopitaux.*

Cowpox produced from Grease in the Horse.

Professor Berndt has related the case, in Hufeland's Journal, of a stable boy, who had neither been vaccinated nor had the smallpox. After dressing a horse affected with the disease known under the name of "Eaux aux Jambes," he had vaccine pustules in the hands. Several persons were inoculated with matter taken from these vesicles, and the true vaccine disease was produc-

ed. No effect was caused in those who had previously had either the vaccine or variolous disease.

Bull. des Sciences Med.

BOSTON, TUESDAY, OCT. 7, 1828.

THE CONVENTION of Medical Delegates held at *Northampton* in June, 1827, appointed a *Central Committee*, to whom they assigned certain powers and duties, as follows, viz.:

"1. They shall, as soon as may be, cause to be printed 5000 copies of the transaction of this Convention.

"2. They shall send copies of the same to each of the State Medical Societies and Institutions in the States of Maine, New-Hampshire, Vermont, Massachusetts, Rhode-Island, Connecticut, and New-York.

"3. They shall accompany the copies so sent by a request that the Society or Institution to whom the same is sent will, as soon as may be, decide on the question of ratifying the doings of and adopting the regulations proposed by this Convention, and make the decision known to the said Committee.

"4. As soon as the decisions of the several Societies and Institutions are communicated to this Committee, or if they see proper, as soon as the decisions of the major part of the same are so communicated, the major part having decided either for or against the adoption of the regulations, the Central Committee shall make said decisions known to all the parties interested, and shall declare that the regulations shall forthwith be considered as established, in respect to the parties so consenting to the same.

"5. The Central Committee shall also communicate the transactions of this Convention to the Medical Societies and Institutions of the other States of the Union, besides those above enumerated, so far as known to them; and to any distinguished

individuals of the medical profession in our country, whom they may think likely to take an interest in the cause of medical education.

"6. The expenses incurred by the Central Committee shall be defrayed by the Medical Societies and Institutions interested in this Convention."

The Central Committee have complied with the 1st, 2d, 3d, and 5th of these articles. They have received official replies from nine of the Societies and Institutions to whom they sent copies of "the proceedings," in conformity with the second article, viz.: from the Medical Society of Maine, Bowdoin College, Dartmouth College, Medical Society of Vermont, University of Vermont, and Brown College; each of which has approved the proceedings of the Convention, without qualifications; and from the Medical Society of New-Hampshire, Massachusetts Medical Society, and Harvard University; each of which has approved the proceedings of the Convention with conditions.

The Societies and Institutions which have not yet replied to the Committee are the following, viz.: the Vermont Academy of Medicine, Berkshire Medical Institution, Medical Society of Connecticut, Yale College, College of Physicians and Surgeons of New-York, College of Physicians and Surgeons for the Western District of New-York, and Rutgers Medical College.

As an unqualified approbation of the proceedings of the Convention has not yet been given by a majority of the Societies and Institutions, the Committee are not authorised to adopt the measures proposed in the 4th article. Meanwhile, as a long

time has elapsed since the meeting of the Convention, the Committee have thought it not improper to publish this statement of facts.

The Committee are also desirous to make known distinctly and frankly to those by whose authority they act, an embarrassment under which they find themselves placed. From regard to convenience, the Committee was composed of persons living in the neighborhood of each other, and who of course are united in the same local institutions. The members of the Committee all belong to the Massachusetts Medical Society, and two of them to the Medical School of Harvard College. It is by these two institutions that the principal objections to the regulations proposed by the Convention have been made. Had the same objections come from any other quarter, the Committee would not perhaps hesitate as to the course proper for them to pursue. As the case is, they feel reluctant on the one part to propose a new convention, by which much trouble and inconvenience would be produced;—and, on the other, they do not wish to leave the affair in such a state, as that the institutions, to which they belong, may lose all interest in the arrangements which may be ultimately adopted by the other parties to the Convention. The New-Hampshire Medical Society does indeed attach one condition to its approbation of the proceedings of the Convention; but this is not of so grave a character as to cause much difficulty.

If, in a view of these circumstances, the delegates who attended

the Convention, or those who were parties to it, should wish to call a new convention, they will take such measures, either through the Committee or otherwise, as they may deem expedient.

That the whole subject may be understood, the Committee here add the conditions on which the proceedings of the Convention have been approved by the Medical Societies of New-Hampshire and Massachusetts, and Harvard College.

The New-Hampshire Medical Society prescribed the following condition to be annexed to the fourth regulation proposed by the Convention, viz.:

“It being understood that this regulation shall not preclude any student of medicine from employing a term of time *not exceeding sixteen weeks in any one year* in some other occupation than the study of medicine, provided the whole amount of time so employed shall not exceed one eighth part of the prescribed term of his professional studies.”

The amendments proposed by the Massachusetts Medical Society have been concurred in by the Faculty of Medicine of Harvard College; they are as follows:

“1st. That this proviso be added to the third regulation.

“*Provided*, That this regulation shall not be held to repeal, nor interfere with the regulations of any institution or society, requiring additional qualifications beyond what are required by this rule, for the physicians with whom the candidate for a degree of Doctor of Medicine, or for license, shall have studied.

“2. To strike out the 5th and 6th Regulations, and insert the following. ‘V. Every candidate for license to practise Medicine and Surgery, and

for the degree of Doctor of Medicine, shall have attended during the period of his professional pupilage, *two* courses of Lectures, at some Incorporated Institution; namely, on Anatomy, Surgery, Theory of Physic, and General Physiology, Practice of Physic, Materia Medica, Chemistry, and Midwifery. He shall, on examination, give satisfactory evidence of his attainments in each of the subjects above specified, before an authorised Board of Examiners, and shall, before the same Board, read and defend a dissertation on some medical subject.

"It is also recommended as indispensable for a practitioner of Medicine and Surgery, to prosecute dissections."

"3d. This amendment consisted in striking out the 10th article of the proceedings of the Convention."

JAMES JACKSON,
JAMES P. CHAPLIN, } *Central Com.*
JOHN C. WARREN, }

BOSTON MEDICAL DISPENSARY REPORTS.

For the Month of August, 1828.

The weather was uncommonly dry and warm. There were three cloudy days in the first week, a slight sprinkling of rain on the 1st, 6th, and 11th, and a smart shower at midday on the 18th. With these exceptions the weather was unvariedly clear, warm, and for many successive days exceedingly hot.

NORTHERN DISTRICT.

Whole number of cases, 96.	Of
Anetus tertianus - -	1
Aphthæ - - -	4
Arthrosis acuta - -	1
Cephalitis meningica -	1
Cholera biliosa - -	13
Chololithus means - -	1
Contusio - - -	2
Diarrhœa - - -	5
Dysenteria acuta - -	2
do. chronica - -	1

Dyspepsia - - -	3
Epanetus mitis - -	1
Fractura claviculæ - -	1
Gastritis - - -	4
Helminthia alvi lumbricoid.	2
do. podicis ascarid.	1
Hysteria - - -	2
Odontia dentitionis - -	7
Ophthalmia glutinosa -	12
do. taraxis - -	2
Orchitis - - -	2
Paramenia difficilis -	1
do. suppressio - -	1
Paruria retentio - -	1
do. stillititia - -	1
Parturitio - - -	1
Phlegmone - - -	4
Porrigo favosa - -	1
Rosalia simplex - -	1
Synochus - - -	10
Typhus - - -	1
Ulcus - - -	4
Varicella - - -	1

Of the above cases there were of males and females, 48 each: adults, 38; under puberty, 58.

The inflammatory affections of the alimentary canal have been more numerous than in the preceding month, but of the same mild character. The cases of fever were mild, with the exception of the case of Typhus, and two cases of Synochus, which occurred near the end of the month.

An inflammatory affection of the eyes has prevailed in an uncommon degree this month, in the northern section of the city. It has been mostly confined to children under nine years of age, and very few cases have been seen among adults. We have seen from 100 to 120 patients, either affected with this disorder, or recovering from an attack. It generally commenced in the sebaceous glands of the eyelids, which secreted a thick viscid matter, particularly at night, by which the eyelids were firmly glued together. If this was not soon and carefully removed, the lids became swollen, the vessels of the conjunctiva highly injected, and the eyes extremely sensible to the

impression of light; the skin was dry, the pulse often accelerated, and acute pains shooting through the orbits. In some cases small ulcerations have formed on the margin of the cornea, the second or third day. In many patients the affection has been slight, and has subsided without any medical treatment; in others, by careful ablu-tion and the use of diluted citrine ointment at bed-time, the affection has soon disappeared. In the most severe cases an active emetic would often greatly diminish the symptoms; if the pain continued, leeches were applied to the inner surface of the eyelids, or to the temples, and vesicatories behind the ears. A weak solution of argent. nit. checked the tendency to ulceration. In all these cases the glands of the tarsi continued slightly inflamed, and required the use of the diluted citrine ointment at night. The average duration of the complaint was from five to eleven days. In scrofulous habits it has been found difficult to manage, and yielded only to alterative medicines.

J. W. MCKEAN.

EASTERN DISTRICT.

The number of cases was 131: of these, 6 were puerperal; 131—6=125 cases requiring medical or surgical treatment. Of

Abortus	-	-	-	1
Anetus tertianus	-	-	-	1
Aphtha	-	-	-	2
Cardialgia sputatoria	-	-	-	1
Catarrhus	-	-	-	1
Cauma	-	-	-	2
Cholera	-	-	-	23
Diarrhœa	-	-	-	11
do. chronica	-	-	-	1
Diastasis sutoria	-	-	-	1
Dysenteria	-	-	-	4
Dyspepsia	-	-	-	5
Emesis	-	-	-	2
Fractura	-	-	-	1
Gastritis	-	-	-	7
Gastroenteritis	-	-	-	2
Helminthia alvi lumbric.	-	-	-	1
Hernia ventralis	-	-	-	1
Hydarthrus atonicus	-	-	-	1

Icterus	-	-	-	1
Leucorrhœa	-	-	-	1
Nephritis	-	-	-	1
Odontia dentitionis	-	-	-	1
Ophthalmia glutinosa	-	-	-	2
do. purulenta	-	-	-	1
Paramenia difficilis	-	-	-	1
do. superflua	-	-	-	2
do. suppressio	-	-	-	1
Paristhmitis tonsillaris	-	-	-	4
Phlegmone communis	-	-	-	5
do. mammae	-	-	-	1
Phthisis	-	-	-	1
Pleuritis	-	-	-	1
Pneumonitis	-	-	-	3
Porrigo favosa	-	-	-	2
do. galeata	-	-	-	2
Rosalia paristhmitica	-	-	-	1
Stremma	-	-	-	1
Synochus	-	-	-	19
do. puerperarum	-	-	-	1
Systemma	-	-	-	1
Ulcuscula oris	-	-	-	2
Vulnus	-	-	-	2

The patients under puberty were 0.41; adult females furnished .44 of the cases of acute disease.

.05 of the medical cases were of bronchial and pulmonary disease; .52 were disorders of the digestive organs.

The cases of synochus which occurred in the latter part of the month, were less mild than those which preceded them, and were accompanied more often by some yellowness in the skin, and by greater soreness in the right epigastric and hypochondric regions.

Eight of the cases of diarrhœa, and nine of cholera, occurred in infants.

Cutaneous and subcutaneous inflammations have been very frequent. Severe papular and urticose eruptions, boils, in one instance constituting a serious disease, whitlow, and abscesses in the cellular and dermoid tissues, have presented themselves in many not otherwise ill, and in many convalescents.

The case reported Diastasis Sutoria, was a separation of the superior maxillary bones at their common

suture. A boy, aged 4 years, had received a heavy descending blow across the nose: there were great soreness and swelling about the eyes and cheeks; apparently some depression of the nose; and a fissure of the roof of the mouth, extending from the incisors about $1\frac{1}{2}$ inch backwards, and wide enough to admit the round end of a common probe. The boy did well under a moderate antiphlogistic treatment, and at the close of the month, fourteen days after the accident, the fissure was nearly filled up by granulations.

The Hernia Ventralis was in a puerperal woman five days after the birth of her fourth child. There was nothing unusual in her getting up, except that she neglected to take the customary cathartic on the third day, thinking her bowels to be sufficiently free. She had left the bed and was returning to the management of her domestic concerns, when she was suddenly attacked by great pain in the abdomen, distress, sickness and vomiting. A manual examination discovered a round and elastic tumor at the umbilical region, as large as could be well grasped by the hand. It yielded to pressure, and without great difficulty its contents were returned into the cavity of the abdomen through a slit in the linea alba, which was of sufficient size to admit four collateral fingers to pass more than an inch beneath the abdominal parietes. A cathartic, which had been given some hours previously, soon commenced its operation, and gave relief of the most urgent symptoms. The woman said that she was in a similar condition after her last confinement, and was directed to wear a pad over the part for some time.

The case of Chronic Diarrhœa was treated in the manner recommended in a late number of Carey's Quarterly Medical Journal. J— C—, mariner, aged 40 years, of stout frame and intemperate habits, was admitted on the 10th of the month. He has lately returned from Porto

Cabello, where he "had a flux;" and has been ill ever since. He took an emetic and cathartic yesterday. The discharges are almost incessant, thin, of a light yellow color, and dingy. The introduction of any article of food or drink into the stomach, is immediately followed by a hurried defection. The tongue is dry and whitish. Little pyrexia; much thirst; no appetite.—Take $2\frac{1}{2}$ grains of pil. hydrargyri twice a day; abstain entirely from food, and take no drink other than a solution of gum arabic.—13th. Much better; discharges are less frequent, a little more consistent and dark; some appetite. Continue pills and gum water; may take arrowroot in small quantities.—On the 16th he was visited, and his wife reported him "very well and gone to work."

J. G. STEVENSON.

MIDDLE DISTRICT.

Whole number of cases, 33. Of

Ædoptosis	-	-	-	1
Aphonia	-	-	-	1
Arthrosia	-	-	-	1
Ascarides	-	-	-	1
Catarrhus	-	-	-	4
Cholera	-	-	-	3
Colica	-	-	-	4
Contusio	-	-	-	2
Diabetes	-	-	-	1
Dyspepsia	-	-	-	1
Epilepsia	-	-	-	1
Hepatitis	-	-	-	1
Ophthalmia	-	-	-	4
Paristhmitis	-	-	-	1
Paramen. diff.	-	-	-	1
do. obst.	-	-	-	2
do. superf.	-	-	-	1
Paruria incont.	-	-	-	1
Phlegmone	-	-	-	2

E. G. DAVIS.

WESTERN DISTRICT.

Whole number of cases, 65. Of

Arthrosia	-	-	-	4
Apostema	-	-	-	1
Bex convuls.	-	-	-	1

Cholera biliosa	-	-	12
Colica	-	-	1
Colica rhachialg.	-	-	1
Diarrhœa	-	-	10
Dysenteria	-	-	2
Enecia	-	-	8
Erysipelas	-	-	1
Ecpl. paralysis	-	-	1
Helminthia	-	-	1
L. emesis	-	-	1
L. dyspeps.	-	-	2
Lues syph.	-	-	1
Odont. dent.	-	-	1
Parabysma hepat.	-	-	1
Paramenia obstr.	-	-	2
Parturitio	-	-	2
Varicella	-	-	1
Vulnus	-	-	1

J. H. LANE.

SOUTHERN DISTRICT.

Whole number of cases, 84. Of

Anetus tertianus	-	-	1
Aphthæ	-	-	1
Arthrosia acuta	-	-	1
do. chronica	-	-	3
Bex humida	-	-	1
do. sicca	-	-	3
Cauma	-	-	5
Causis	-	-	1
Cephalæa gravans	-	-	1
Cholera infantum	-	-	5
do. vulgaris	-	-	2
Coprostasis concta	-	-	1
Diarrhœa biliosa	-	-	5
do. fusa	-	-	3
do. mucosa	-	-	4
Dysenteria	-	-	3
Ecphlysis herpes iris	-	-	1
Ecpyesis porrigio crustacea	-	-	1
Helminthia	-	-	5
Hepatitis acuta	-	-	1
Hysteria	-	-	1
Lepidosis pityriasis capitis	-	-	1
Limosis dyspepsia	-	-	3
Ophthalmia purulenta metas.	-	-	1
Paramenia cessationis	-	-	1
do. obstructionis sup.	-	-	1
Paristhmitis tonsillaris	-	-	1
Parturitio	-	-	5
Phlegmone communis	-	-	1
Phthisis	-	-	2
Proctica exenia sirup	-	-	1

Stremma	-	-	2
Struma vulgaris	-	-	1
Thlasma contusio	-	-	2
Urticaria	-	-	1
Ulcus incarnans	-	-	1
do. vitiosum	-	-	3
Vaccinia	-	-	8

Females, 61: over 15 years, 37;
under 15 years, 24. Males, 23: over
15 years, 10; under 15 years, 13.

CHARLES T. HILDRETH.

BOSTON MEDICAL ASSOCIATION.

FRANCIS J. HIGGINSON, M. D. has
been admitted a member of this As-
sociation. J. G. STEVENSON, Sec'y.

A Communication has been received
from TIMOTHY L. JENNISON, M.D.
which will appear next week.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Sept. 26, at noon.

Sept. 18.	Lucius L. Kidder,	8 mo.
19.	Samuel Swan,	54 yrs.
20.	Rebecca Newman,	28
	Mercy Delano,	44
	Edward P. Parsons,	4
	Robert Coddington,	9 mo.
	William J. Gallou,	18
21.	William A. Simpson,	15
	Elias Maynard,	51 yrs.
	Ebenezer Perry,	42
	James Ball,	40
22.	Robert Fennelly,	53
	Alfred B. Seaward,	10 mo.
23.	Anna M. Look,	12 yrs.
	Joseph Ripley,	64
	Charles Atherton,	12
24.	Sarah R. Bates,	3
	Adeline M. Reynolds,	15 mo.
25.	Francis Blanchard,	25 yrs.
	William Mitchell,	13
	Lucinda Eaton,	40
	Amos Bullock,	3
	Rose Callahan,	34
22.	Nath. Andrews,	58
	Rebecca Madison,	27
	Michael Carver,	52

Brain fever, 1—bilious fever, 1—consump-
tion, 4—childbed, 1—canker, 1—canker in the
bowels, 1—cholera infantum, 1—debility, 1—
dysentery, 3—disease of the heart, 1—hooping
cough, 1—inflammation in the bowels, 2—in-
fantile, 1—typho-bilious, 1—typhous fever,
1—scrofula, 1—unknown, 4. Males, 18—fe-
males, 8. Stillborn, 1. Total, 27.

ADVERTISEMENT.

MEDICAL INSTITUTION OF HARVARD UNIVERSITY.

THE MEDICAL LECTURES will begin on the third Wednesday in October, in the Massachusetts Medical College, Mason-street, Boston.

Anatomy and Surgery, by Dr. WARREN.

Chemistry, by Dr. WEBSTER.

Materia Medica, by Dr. BIGELOW.

Midwifery and Medical Jurisprudence, by Dr. CHANNING.

Theory and Practice of Physic, by Dr. JACKSON.

The Lectures continue thirteen weeks. The Class attend the Medical and Surgical Practice of the Massachusetts General Hospital, and Dr. Jackson's Clinical Lecture on the Cases, without fees.—Separate Lectures on the Principles of Surgery are given by Dr. Warren without fees. Arrangements have been made for the study of Practical Anatomy, which will probably afford as great facilities as can be desired, and at as low a rate as at any school in the United States. The use of the Library of the Massachusetts Medical College may be obtained during the Course, by paying one dollar. The Professor of Chemistry will receive private pupils for instruction in the Laboratory.

WALTER CHANNING,
Dean of the Faculty.

PRIZE DISSERTATION

On the Effects of Spirituous Liquors.

AT the Annual Meeting of the Massachusetts Medical Society in 1827, the following resolution was adopted:—

“Resolved, That this Society will use the skill of its members in ascertaining the best mode of preventing and curing the habit of intemperance, and that for this purpose a premium of FIFTY DOLLARS shall be offered for the best Dissertation on the subject; which after being approved by the Counsellors shall be read at the next annual meeting of the Society, and afterwards printed; and that the authors be requested to point out the circumstances in which the abandonment of the habitual use of stimulating drinks is dangerous; and also to investigate the ef-

fect of the use of wine and ardent spirits on the different organs and textures of the human body.”

In consequence of this resolution two dissertations were presented; but not being sent within the time specified, they could not be examined.

At the Annual Meeting of the Society in 1828, it was voted to renew the offer of the premium on the same conditions, and the undersigned were chosen to receive and examine the dissertations.

The dissertations presented for the premiums may be left at the office of Mr. John Cotton, Bookseller, Boston, or sent to the Chairman of the Committee; on or before the 15th day of April, 1829.

JOHN C. WARREN,
ZABDIEL B. ADAMS, } Committee.
JOHN WARE,

A dissertation marked “*Fons et Origo Mali*,” is left at Mr. Cotton's Bookstore, for the author if he should desire it.

Editors of newspapers are respectfully requested to republish the above for the public good. aug 9.

Some persons having believed that the premium offered by the Mass. Med. Soc. for the best dissertation on Intemperance, is to be confined to the members of the Society, notice is hereby given that the above named premium is open to all who may incline to become candidates for it.

NATHAN JARVIS,

Druggist and Apothecary,

HAS taken the Apothecaries' Hall, No. 188, Washington Street (late kept by Messrs. Wm. B. & Henry White.) His stock of Drugs and Medicines is complete and genuine. Physicians and others are assured that their orders, prescriptions, &c. will meet with prompt and strict personal attention.

The old friends of this establishment are requested to continue their patronage.

ABERNETHY'S LECTURES.

THIS day published by Benjamin Perkins, & Co. Lectures on *Anatomy, Surgery, and Pathology*, including observations on the nature and treatment of *Local Diseases*,—delivered at St. Bartholomew's Hospital, by JOHN ABERNETHY F. R. S. 6w.

Boston, Sept. 22, 1828.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.